PIJSSL

Praxis International Journal of Social Science and Literature

A Peer-reviewed Multidisciplinary e-Journal with SJIR 2025 = 6.034 & ISSN: 2581-6675

Vol. 09, No. 02 (February 2026) **DOI:** 10.51879/PIJSSL/090206

E-mail: editor.pijssl@gmail.com | **Website:** www.pijssl.com

OPEN ACCESS

Study of Colonial Medical Policy Regarding Modernization and Empowerment of Women in Bengal Presidency

Dr. Shib Sankar Ghosh

Assistant Teacher of Debagram Mahadeb High School

Department of History, Salboni, Paschim Midnapore, West Bengal, India.

Email: shib.midnapore@gmail.com

Abstract

Initiatives of the colonial government such as - medical education for women and provision of maternity and child welfare work was always praiseworthy. Through the commencement of medical education for women, Bengali women got a scope to learn western medical system and treat common people. Besides, the government introduced nursing and midwifery training. It is true that the provision of female medical education, training of midwives and introduction of nursing, maternity and child welfare work - all these changed together the scenario of the public health facilities not only in Bengal Presidency but also the social condition and status of the Bengali women.

Keywords: *Bengal, Colonial, Medical, Women, Health, Maternity.*

Introduction

Provision of medical education for women was an example of medical facility offered by the colonial government to the people of this country. When female patients admitted to the government and municipal hospitals, generally they were neglected because of their 'Purdha' custom. Usually women of this country used to cover themselves by 'sari' or 'borkha'. In India, it was an age old running tradition among Hindus and Mohammedans. Male doctors would feel uncomfortable during the treatment because of saris or borkhas. Besides, there was no female doctor in the hospitals and dispensaries. As a result, the women medical care was managed by traditional midwives, commonly known as 'dhais', with their unscientific systems of treatment. Therefore, female doctors were essential within the hospitals and dispensaries in this country.[1] To introduce female medical education, Madras played a pioneer role. A new era of medical history was started in 1875 when 4 female students admitted at the Madras Medical College for 3 year certificate course.[2]

In Bengal, from mid 1870s a section of educated reformers started to encourage the women's entry to the medical education. Those women, who belonged to the rich families, generally got the scope to educate them, whereas the pedantic families generally discouraged their daughters for education. Besides, women who were willing for education, had to face social difficulties.[3] Reformers, such as Vidyasagar, Radhakanta Dev, Keshab Chandra Sen and others played vital role for the upliftment of women's social conditions in Bengal. They tried to abolish 'purdha' custom, child marriage and propagated education. Gradually, the previous scenario changed in Bengal and a considerable number of women came forward and participated at the educational institutions.[4]

This is an open access article licensed under https://creativecommons.org/licenses/by-nc-nd/4.0

Objectives of the Study

The objectives of this research paper are –

- To study the medical policy of the government during colonial period in Bengal presidency.
- Find out the general condition of female health care system in Bengal Presidency during colonial period.
- Focus on the female medical education policy of the colonial government.
- Study the maternity and child welfare initiatives of the colonial government in Bengal Presidency.
- Explore the impacts of the colonial medical policy on women health care system in the rural society of Bengal.

Methodology

Research method is very important for any research activity. The proposed study is conducted under the source method. Descriptive and interpretative methodology is used in this research paper. Besides, critical evaluation and historical narration methods are also used. The investigation of the research is carried on the basis of the available primary and secondary sources such as– archival documents, government proceedings, files, annual reports, contemporary government publications, and books.

Medical Education for Women

In 1876, Sir Richard Temple, the then Lieutenant Governor of Bengal, supported those women who were admitted to medical education course at Calcutta Medical College.[5] In 1883, the Lieutenant Governor of Bengal, Sir Rivers Thomson proclaimed that admission of female candidates should have kept space with that of their male candidates. The governor realized that Bengal was lagging behind in the field of female medical education, whereas Bombay and Madras had already built the infrastructure of female medical education, though Bengal always played a role as pioneer in the field of educational progress in this country. Therefore, the Government of Bengal became willing to construct the infrastructure of female medical education. Through a resolution of the Government of Bengal on June 1883, women were finally admissible to the Calcutta Medical College.[6] Participation of women into medical education, however, were not rapturous to the conservative male dominating society of Bengal. Uncountable faceless letters and contemporary newspapers, magazines, journals and periodicals criticized the role and policy of the colonial government regarding women's entry into medical education. It was mainly frowned by the conservative groups of society and IMS (Indian Medical Service) circle. The India Medical Gazette (IMG) criticized the government strongly and in 1884, an editorial of IMG expressed their perception that for females nursing and dressing were better than doctoring.[7]

In spite of all these criticisms, female medical education continued to move forward in Bengal. Kadambini Basu, the first female graduate in Bengal got admission at Calcutta Medical College in 1883 and in 1886 she was awarded GBMC (Graduate of Bengal Medical College) degree instead of an MB degree because she had failed in one part of her final practical examination. After that she joined Lady Dufferin Women's Hospital with monthly emolument of Rs. 300.[8]

In 1885, the 'Dufferin Fund' scheme introduced in India to encourage and finance women who were willing to study medical education and also to setup female hospitals and dispensaries. This became a landmark towards the development and growth of women in medical profession in this country.[9] After 1885, Dufferin hospitals and dispensaries opened with Government support and private encouragements. The opening of Dufferin hospitals and dispensaries in the district towns increased the probability of employment for those women who were trained with medical course. However, their salaries were low. Monthly salary of a medical college graduate lady doctor was between Rs. 250 to Rs. 400.[10] Campbell Medical School was another medical institution in Bengal, started teaching on medical education with 15 ladies since 1888.[11]

IMS officer Major General Sir Patrick Hehir reported, after successful completion of the medical course, recruitment would be done through an open competition where Indian women would be treated equally with Britishers.[12] Before joining the service, selected ladies were sent for a training course on tropical medicine and hygiene at the School of Tropical Medicine in Calcutta. After that the lady doctors must serve in special maternity hospitals for at least half a year before their posting to the urban hospitals and dispensaries.[13] The Calcutta Medical College became one of the renowned female medical teaching institutions in Bengal. In 1895, total number of 44 women successfully completed their medical course from Calcutta Medical College and started their carrier as lady doctor. Some of them joined different hospitals in Bengal and some started private practice in the rural areas of Bengal Presidency. They were Miss B.M. Bose, Miss B.B. Bose, Miss Mitra, Mrs. N. Neal,[14] Mrs. Basanti Kumari Gupta, Mrs. Hemangini Debi, Mrs. Sarat kumari Mitra,[15] Mrs. S. M. Biswas, Mrs. Harimati Dasi, Mrs. Rajlakshmi Debi, Mrs. Priya Bala Guha, Mrs. Sushila Debi, Mrs. Lokhi Moni Debi, Mrs. Kadombini Mukherjee etc.[16]

With the attachment of lady doctors, colonial medical facilities became more effective and more acceptable towards the Indians than before. Besides, the government introduced a scheme through which local midwives or dhais got the scope to learn modern medical system.[17] Government also encouraged Hindu ladies for nursing profession but usually, a Hindu lady could not easily come into the nursing profession for some prejudices and restrictions of their conservative families. With all the hindrances, nursing profession gradually earned its popularity among women of not only Bengal but also the entire country.[18]

In April 1921, a committee was formed with the Surgeon General of Bengal to advise government for the establishment of more medical schools for the training of qualified medical practitioners so that they could practice in rural areas.[19] As a result, on May 1921, a sum of Rs. 2,61,800 was allocated to King Edward Memorial Fund of Bengal.[20] In October 1922, the first diploma course on public health was started in the Calcutta University with 9 students under the charge of Lieutenant Colonel A.B. Fry, IMS Professor of hygiene and Major A.D. Stewart, IMS Professor of public health laboratory practice.[21] Besides, at mofussal hospitals, it was proposed to open the post of assistant nursing superintendent for Indians. This was sanctioned by government in March 1923 and salary was fixed at Rs. 100 to 125 per month with uniform allowance of Rs. 50 per annum and free furnished quarter with light and fans.[22]

Maternity and Child Welfare Work

Another notable achievement of the British Government in India was the provision of maternity and child welfare work. Distress during labor was common in India due to insufficient maternal infrastructure. As a result, mortality of pregnant women and new born babies increased day to day. After the second half of the 19th Century, an attempt was made to attach trained dhais during delivery but considerable success was not achieved.[23]

It may be noted in this regard that according to the government officials, the cause of the high rate of maternal mortality was for early marriage.[24] An official letter written on 9th August, 1890 by the Surgeon Major C.H. Joubert, the Professor of Midwifery of Calcutta Medical College to the Inspector General of Civil Hospitals in Bengal, reported that –

> *"With reference to your memorandum no. 8653 of the 6th instant, marked "confidential", I have the honor to submit the following opinion. The age of consent in England has been raised, I believe to 16 years, and in this country, it should not be fixed at less than 12 years, though 13 would hardly be an unfair limit. Any opposition to such a limit could not be founded on religious, social, or moral grounds. It cannot be conducive to the moral health of any community to practically allow the rape of its female children and their exposure to all the possible horrors of premature maternity."*[25]

C. H. Joubert also pointed out that sexual disease like vesicle-vaginal fistula was common among the juvenile mothers and was very painful. Mr. Joubert indicated that the age of consent should be increased in India.[26] Therefore, problem during pregnancy was common due to the lack of proper maternity care. As a result, every year thousands of juvenile pregnant women affected with sexual diseases during pregnancy and came to the hospital and give birth of dead children.[27]

Gradually, organized steps were taken to provide useful medical care to the would-be mothers and mothers but proper child care was still neglected. In India, child welfare work was started primarily through the initiatives of some voluntary workers. They were mainly the wives of government officials, willing to assist helpless and poor children and their mothers. Thus, maternity and child welfare work was commenced in this country and in 1914 it was observe in a few big cities like Delhi, Bombay Madras and Karachi.[28] In Bengal it was slowly moved on. After the First World War, a maternity training institution opened in Calcutta by the initiatives of the Red Cross Society.[29] But it was not sufficient for the presidency like Bengal. Therefore, in 1924, total 1,41,698 infant mortality was recorded throughout Bengal.[30] Smallpox, remittent fever, diarrhea and respiratory disease were the main causes of these infant mortality.[31]

Gradually, the government became willing to provide useful child care facilities in India. According to the government report of 1925, a sharp attention observed regarding child welfare work of all the municipalities, the district boards and this was initially noticed through the organization of baby week programme.[32] During 1924-1925, total 26 baby week programs were organized in the mofussil areas in Bengal. Public health department of Bengal helped these programs by charts, awareness lectures, lantern slides and also cinematograph films.[33] Besides, during the year there were 12 indigenous dhai of Birbhum and 9 of Nadia district trained with modern medical system. Two dhai training classes were also held each in Midnapore and in Hooghly district. In 24 Parganas two trained midwives were deputed to train rural dhais. The aim was to take proper care of would-be mothers with the diminishment of infant mortality.[34]

From 1925 to 1940, the growth of maternity care and child welfare activity in Bengal was slow-footed than they actually needed. During 1940s, it was accelerated by some initiatives of the government. In 1941, a maternity and child welfare scheme was introduced by the government and in 1942; new 9 maternity and child welfare centers were open in different districts of Bengal. In total 34 maternity and child welfare centers were functioning during the year. Besides, the Government of Bengal sanctioned rupees 50,000 for the construction of new centers and 7 additional centers were under consideration of them. But many centers suffered due to insufficiency of medical officer in-charge.[35]

During 1943, because of war conditions, great demand was felt for opening new maternity and child care centers. But due to the lack of sufficient trained health visitors, the government faced some difficulties for opening new maternity and child welfare centers in Bengal. For example, during the year the health visitors of Burdwan, Purulia, Noakhali and Malda resigned from their duties to join better posts. Besides, the health visitors of Srirampore and Bankura also resigned for their personal problems. Therefore, 6 centers were closed due to the lack of trained health visitors. Altogether, 39 centers were successfully functioning during the year in Bengal. A scenario of maternity and child welfare works initiated in Bengal during 1943, is furnished following.[36]

Table 1: Maternity and Child Welfare Work in Bengal during 1943

Number of Maternity and Child Welfare Centers Working during the Year	39
Maternity Hygiene	
Number of pregnant women registered	1,072
Number of house visited by the health visitors	3,106
Number of house visited by midwives	4,734
Number of pre-natal clinic working	223

Number of urine examined of the would-be mothers	608
Number of maternity home exists	54
Number of clinic visited by mothers	459
Total post-natal visits by midwives	2,113
Total post-natal visits by health visitors	977

Source: Seventy Sixth Annual Report of the Director of Public Health, Bengal, 1943.

In 1945, total 42 maternity and child welfare centers were working with reputation in Bengal. The Government of India sanctioned Rs. 50,000 to the provincial Government of Bengal for the development of the infrastructure of existing maternity and child welfare centers. Out of total grant, Rs. 14,868 was expended for the purpose of training of local dhais. District boards arranged total 26 dhai training classes and other local bodies arranged 50 classes during the year.[37] Besides, free distribution of milk and clothes to the poor and needy mothers as well as children and a 'Milk Kitchen' programme organized by the initiative of Maternity and Child Welfare Superintendent of Bengal. Through the programme, some essential commodities distributed among poor mothers and children in the different districts.[38]

Conclusion

Initiatives of the colonial government such as – introduction of female medical education and provision of maternity and child welfare work were commendable. Actually the colonial government tardily accomplished some welfare medical works for the native people but if such welfare works implemented timely, common people would have got their much needed benefits more and thus the public health scenario would also have changed. Unfortunately this could not happen in reality. But in the end it is essential to note down that, whatever medical measures they initiated were not enough; more improvements were needed. However, it is not denied that they built up a medical network across the country which helped to reconstruct the health policies in Independent India.

Acknowledgement

This research work would not have been possible without generous support and assistance of some individuals and valuable help of some institutions. Their co-operation, suggestion, and encouragement enable me to complete this research work successfully. I convey my deep sense of gratitude to the staffs of the National Archives of India, West Bengal State Archives, National Library of Kolkata, Midnapore District Library and also my research guide Professor Sujaya Sarkar, for their immense help, guidance and encouragement. I am also thankful to some person I have consulted with during the period of the research, whose names are not mentioned here. Therefore, I am obliged to all of them who have helped me variously during the course of this research work. No amount of gratitude and thanks is enough for all that they have done for me.

References

1. Jaggi, O. P. (2011) Medicine in India : Modern Period, in History of Science, Philosophy and Culture in Indian Civilization, Vol. IX, Part-1, Edited by Chattopadhyaya, D.P., Oxford University Press, p. 57
2. Mukherjee, Sujata. (2012) Medical Education and Emergence of Women Medics in Colonial Bengal, Occasional Paper- 37, Institute of Development Studies, Kolkata, p. 7
3. Ibid.

4. Ibid., p. 8
5. Ibid., p. 10
6. Ibid., pp. 11-12
7. Ibid., p. 13
8. Forbes, Geraldine. (2005) Women in Colonial India: Essays on Politics, Medicine and Historiography, Chronicle Books, New Delhi, 2005, p. III
9. Jaggi, O.P. Ibid., p. 64
10. Forbes, Geraldine. Ibid., p. 112
11. Ibid., p. 115
12. Major General Sir Hehir, Patrick. (1923) The Medical Profession in India, Oxford Medical Publications, London, p. 123
13. Ibid.
14. Forbes, Geraldine. Ibid., p. 120
15. Mukherjee, Sujata. Ibid., Appendix-A, pp. 29-31
16. Ibid.
17. Resolution No. 325 Medl, The Triennial Report on the Working of the Hospitals and Dispensaries in the Bengal Presidency for the Year 1920, 1921, 1922, in Proceedings of the Government of Bengal, Local Self-Government Department, Medical Branch, January 1924, West Bengal State Archives.
18. Ibid.
19. Triennial Report on the Hospitals and Dispensaries in the Bengal Presidency for the Year 1920-1922, File. 1-R-2 (1), No. 15199, by Fry, A.B., Surgeon General Government of Bengal, in Proceedings of the Government of Bengal, Ibid., June 1924, W.B.S.A.
20. Ibid.
21. Ibid.
22. Ibid.
23. Jaggi, O.P., Ibid., p. 197
24. Proceedings J C/ 17, Nos. 104-107, Calcutta, Dated the 9th August 1890, Letter from Surgeon General, Major C.H. Joubert, To the Inspector General of Civil Hospitals, in Proceedings of the Government of Bengal, Judicial Department, Medical Branch, September 1890, W.B.S.A.
25. Ibid.
26. Ibid.
27. Proceedings J C/17, Nos. 104-107, Letter No. 438, Midnapore, Dated the 8th August 1890, From Surgeon Major R.T. Dutt, Civil Surgeon of Midnapore, To the Inspector General of Civil Hospitals, in Proceedings of the Government of Bengal, Judicial Department, Medical Branch, September 1890, W.B.S.A.
28. Jaggi, O.P., Ibid., p. 197
29. Ibid., p. 198
30. Annual Report of the Public Health Commissioner with the Government of India for 1925, Vol. I, Government of India, Central Publication Branch, Calcutta, 1927
31. Ibid.
32. Proceedings of the Government of India, Education, Health and Land Department, February 1925, N.A.I
33. Annual Report of the Public Health Commissioner with the Government of India, Ibid.
34. Ibid.
35. Government of Bengal, Public Health Department, Seventy Fifth Annual Report of the Director of Public Health, Bengal, 1942, Superintendent of Government Printing, Bengal Government Press, Alipore, Bengal, 1944
36. Government of Bengal, Public Health Department, Seventy Sixth Annual Report of the Director of Public Health, Bengal, 1943, Superintendent of Government Printing, Bengal Government Press, Alipore, Bengal, 1945
37. Government of Bengal, Public Health Department, Bengal Public Health Report for the Year 1945 by Dr. Mookherji, B., Director of Public Health, Bengal, Superintendent of Government Printing, West Bengal Government Press, Alipore, West Bengal, 1951
38. Ibid.